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NOTICE THAT AN ENVIRONMENTAL IMPACT REPORT IS DETERMINED TO BE REQUIRED

Date of this Notice: November 17, 1989

Lead Agency: City and County of San Francisco, Department of City Planning
450 McAllister Street - 5th Floor, San Francisco, CA 94102

Agency Contact Person: Paul Maltzer

Telephone: (415) 558-6391

Project Title: 87.847E
Davies Medical Center
Parking Garage and Annex Building

Project Sponsor: Davies Medical Center

Project Contact Person: Greg Monardo

Project Address: Block bounded by Noe, 14th, Castro and Duboce Streets

Assessor's Block(s) and Lot(s): Block 3539, Lot 1

City and County: San Francisco

Project Description: Construction of three-story, 300 space parking garage at southwest corner of site (Castro & 14th Streets) and four-story, 48,000 square foot medical office/hospital annex building at northeast corner (Duboce & Noe Streets); plus additional minor site alterations.

THIS PROJECT MAY HAVE … NT AND AN ENVIRONMENTAL
IMPACT REPORT IS REQUIR … n the criteria of the
Guidelines of the State … 5063 (Initial Study), 15064
(Determining Significan … lings of Significance), and
the following reasons, … valuation (Initial Study) for
the project, which is a

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REFERENCE BOOK

Not to be taken from the Library

Deadline for Filing of … he City Planning
Commission: November

An appeal requires: 1) … r the appeal, and;
2)

Deutsch/for
, Environmental Review Officer

REF
711.555
2881

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City and County: San

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THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Sections 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal of this Determination to the City Planning Commission: November 27, 1989.

An appeal requires: 1) a letter specifying the grounds for the appeal, and;
2) a $75.00 filing fee.

Paul A. Deutsch /for
BARBARA W. SAHM, Environmental Review Officer

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DAVIES MEDICAL CENTER ANNEX AND PARKING STRUCTURE
INITIAL STUDY
87.847E
November 17, 1989

I. PROJECT DESCRIPTION

Davies Medical Center proposes the construction of a three-story, 300-space parking structure (in two sections and six levels), a four-story, 48,000 sq.ft. Medical Center Annex Building, a two-story elevator, an enlarged waiting room for emergency patients, the relocation of a pantry, and the narrowing of the Noe Street sidewalk to permit diagonal parking. The proposed project is presented as Phase I development in the 1989 Davies Institutional Master Plan.

The Project Sponsor proposes construction of the 111,400 sq.ft., three-story, 300-space parking structure on the southwest corner of Assessor's Block 3539 which is bounded by Noe, 14th, Castro and Duboce Streets (see Figure 1, p. 2). The structure would front on Castro and 14th Streets with vehicle entrances and exits on 14th Street and at the hospital driveway off of Castro Street (see Figure 2, p. 3). The parking structure footprint would be approximately 34,500 sq.ft. It would displace 101 parking spaces of the existing paved surface parking lot on the site. Allowing for the loss of 36 spaces at the Annex site, the parking structure would provide a net increase of 163 spaces at the Medical Center.

Parking levels 1 through 4 would be open to the air at the sides. The top story, levels 5 and 6, of the parking structure would be open, without a roof. The structure would be about 28 ft. tall with approximately one-half of the mass

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Davies Medical Center
annex and parking
1989.

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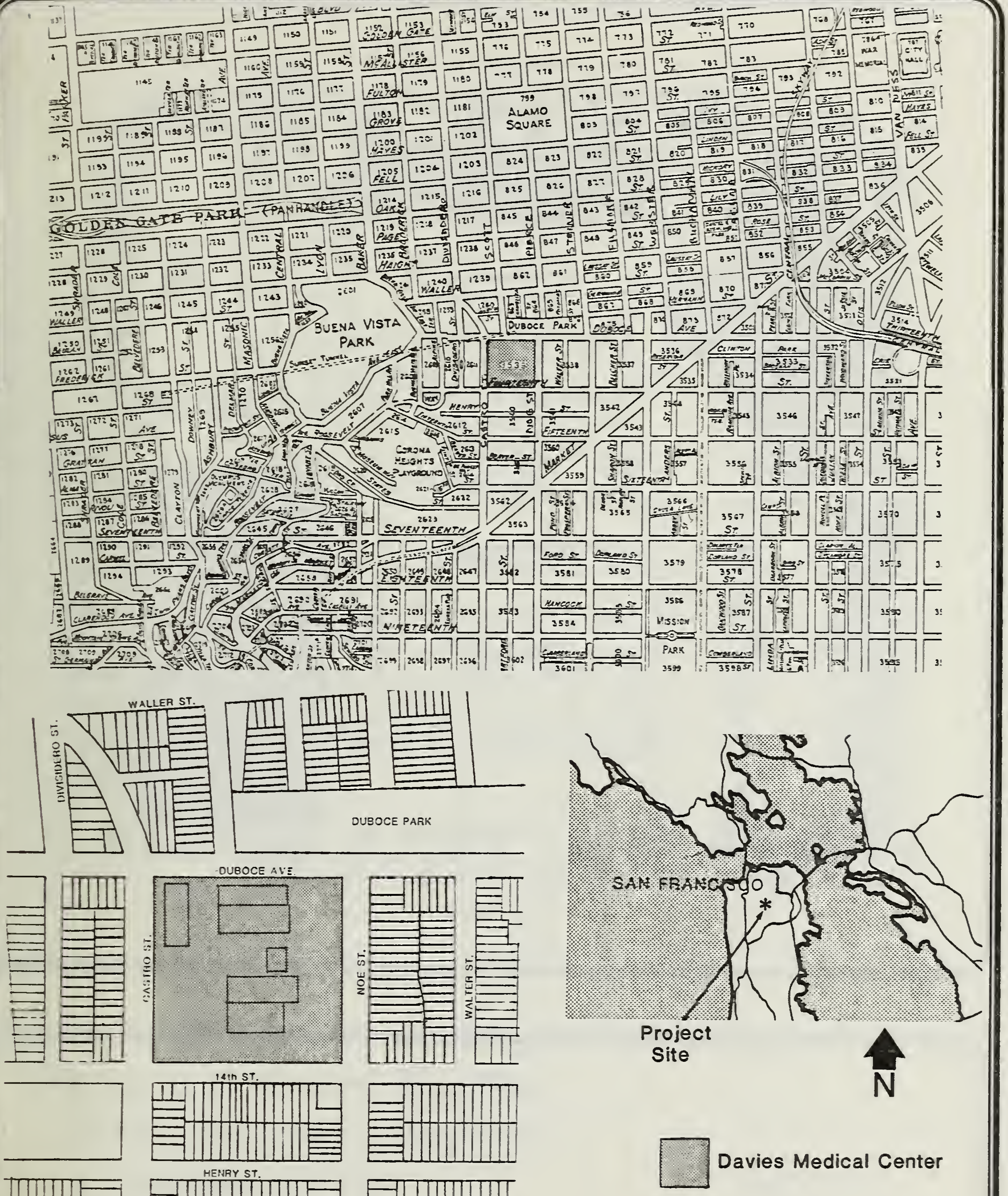

Figure 1. Site Location

SOURCE: San Francisco Dept. of City Planning and Bendix Environmental Research, Inc.

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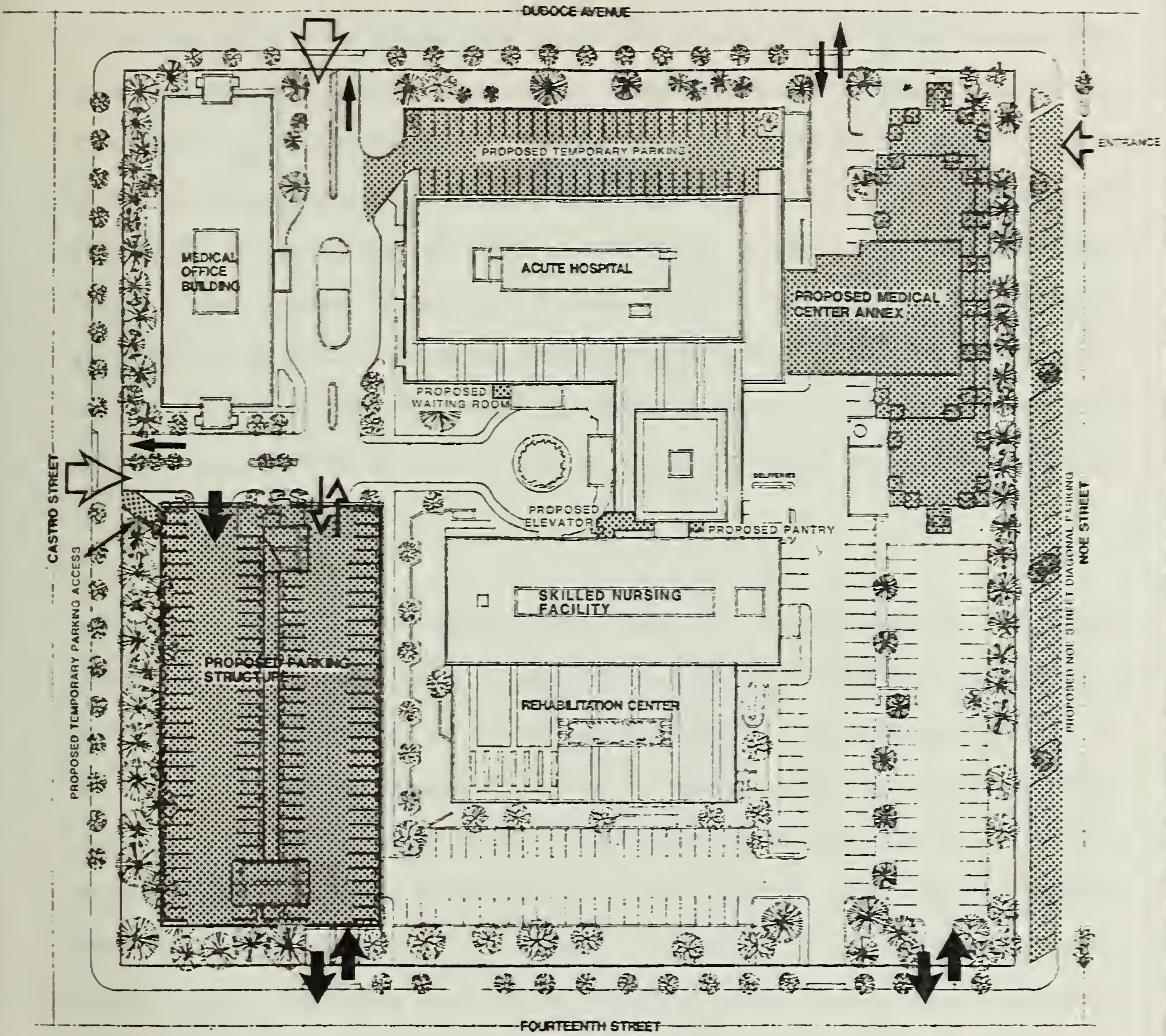


Figure 2. Proposed Site Plan

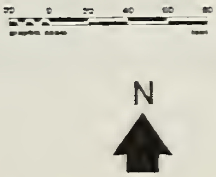
⇧ Principal Entrance to Medical Center

↑ Uncontrolled Entry/Exit

⬆ Cardholder Entry/Exit

↑ Pay Lot Entry/Exit (Guard)

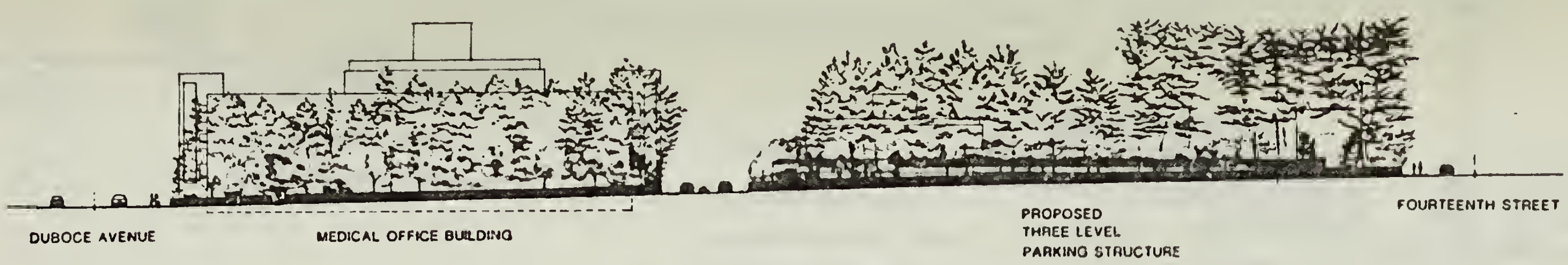
SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.



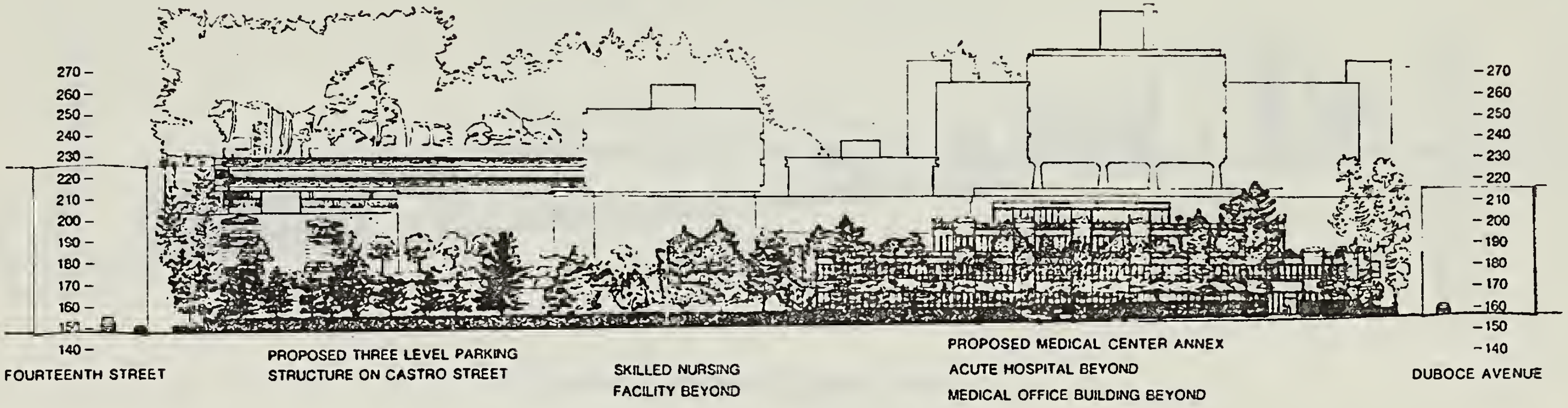
of the structure below street level at Castro Street. The building would extend from nine to 15 ft. above street level along Castro Street (the range is due to the 3% slope of Castro Street, sloping downwards to the north from 14th Street to Duboce Avenue) and would extend nine to 26 ft. above the 14th Street level (the range is due to the 14% slope of 14th Street, sloping downwards east from Castro Street to Noe Street); see Figures 3 and 4, pp. 5 and 6. The parking structure would be set back 28 ft. from Castro Street and 23 ft. from 14th Street. Most of the trees and bushes that surround the block would remain, providing partial visual screening of the parking structure from view of residences on 14th and Castro Streets.

A 48,000 sq.ft., four-story Medical Center Annex building (hereafter, the Annex) would be built on the site of a 36-parking space section of the existing employee parking lot at the corner of Duboce and Noe Streets, the northeast corner of the Medical Center (see Figures 2, 3 and 4, pp. 3, 5-6). The site is approximately 15,000 sq.ft. Up to 25,000 sq.ft. of the Annex would serve as medical office space for physicians. Up to 23,000 sq.ft. would serve as patient support space. There would be no licensed patient beds. See Table 1, p. 7, for proposed uses in the Annex. The Annex would be 56 ft. above street level along Noe Street and would be set back 10 ft. from the property line on Duboce Avenue and 15 ft. from the property line on Noe Street. Most of the existing landscaping along Noe Street and Duboce Avenue would be retained.

A 240 sq.ft. waiting room for emergency patients would be constructed adjacent to the Emergency Department at the southern edge of the Acute Hospital, with access to the centrally located ambulance turn-around. A two-story elevator



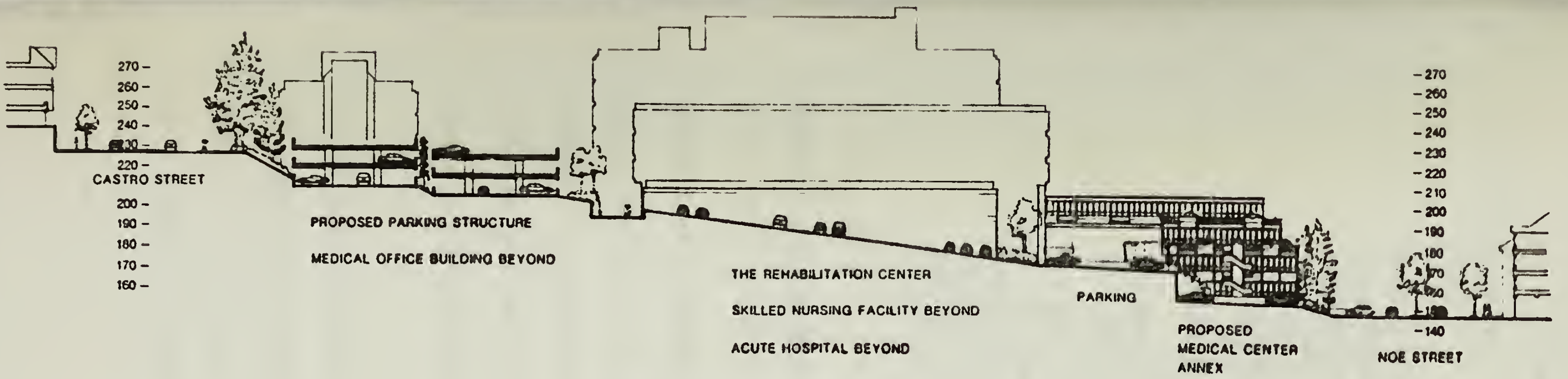
ELEVATION ALONG CASTRO STREET LOOKING EAST



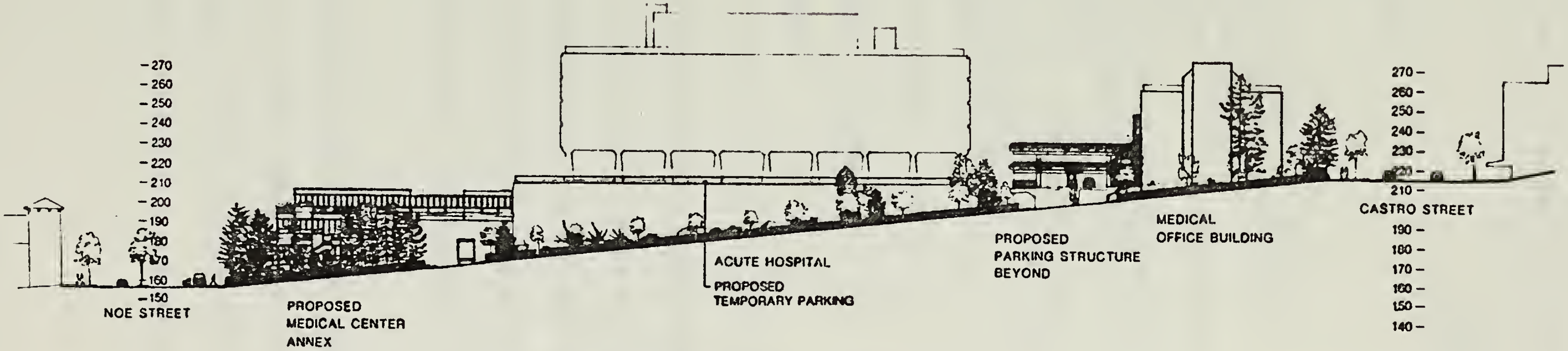
ELEVATION ALONG NOE STREET LOOKING WEST

Figure 3. Project Elevations

SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.



SECTION THROUGH SITE LOOKING NORTH



ELEVATION ALONG DUBOCE LOOKING SOUTH

Figure 4. Site Section

SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.

Table 1. Uses in the Medical Center Annex

Use	Area (sq.ft.)
Medical Office Space	25,000
Data Processing	1,500
Accounting	2,000
Laboratory Area	2,500
Health Check Dept. (outpatient clinic)	3,500
In-Service Education Dept. (on-going training for nurses)	1,500
Social Services Dept. (in and outpatient counseling)	1,500
Discharge Planning (inpatient counseling)	500
HIV Research and Treatment Institute (outpatient)	2,000
Surgery Waiting (in and outpatient family waiting)	300
Intensive Care Unit Waiting	300
Physician Overnight Sleep Rooms	1,000
General Storage	3,000
Circulation and Elevators	3,400
Total sq.ft. of Annex	48,000

Source: Davies Medical Center

would be built along the north side of the Skilled Nursing Facility. An existing pantry would be relocated in order to provide first-floor access to the proposed elevator. In addition, the proposed project includes narrowing of the Noe Street sidewalk and the conversion of the existing parallel parking on Noe Street to diagonal parking (see Figure 2, p. 3, for project locations).

During construction of the parking structure, 49 temporary parking spaces would be provided for employee use on the deck of the Acute Hospital. Once this temporary parking deck is ready, the uphill (towards Castro) half of the existing Castro and 14th Street parking lot would be closed while half of the proposed

parking structure is built on that segment. On completion of this structure, a temporary ramp, approximately 12 ft. wide and 35 ft. long, would be built from the Castro Street Medical Center entrance to the second parking level of the new structure (see Figure 2, p. 3) so that two levels of parking would be available during construction of the other half of the building. The downhill segment of the parking lot would then be closed until the entire structure is completed.

The Medical Center is in an RH-3 (Residential House District, Three Family) Use District. Most of the Medical Center block is in a 65-D Height and Bulk District with the Acute Hospital, along Duboce Avenue, in a 130-E District. The sites of the two proposed structures are within the 65-D District. The 65-D Height and Bulk District allows a building height of 65 ft. and a maximum 110 ft. length and 140 ft. diagonal dimension above 40 ft. in height. No change in existing zoning is required for the project.

Construction would be phased beginning with the parking structure, taking about 12 months, followed by construction of the Annex, taking about 18 months. The Noe Street conversion of parallel parking to diagonal parking would take about 2 months and would take place during the Annex phase. Total construction cost would be about $10,028,000. The project sponsor is Davies Medical Center; the Project Architect is Silver & Ziskind, a New York-based architectural firm with an office in San Francisco.

II. SUMMARY OF POTENTIAL ENVIRONMENTAL EFFECTS

A. EFFECTS FOUND TO BE POTENTIALLY SIGNIFICANT

The proposed project is examined in this Initial Study to identify potential effects on the environment. Some project-specific potential effects have been determined to be potentially significant and will be analyzed in an environmental impact report (EIR). They include: traffic, circulation, parking, noise and air quality impacts associated with traffic, visual quality and potential shadowing by the Annex.

B. EFFECTS FOUND NOT TO BE SIGNIFICANT

The following environmental effects are determined as a result of this Initial Study either to be insignificant or to have been mitigated to an insignificant level through measures incorporated into the project design. These require no further study and will not be addressed further in the EIR. These impacts are summarized here and discussed in greater detail below.

Land Use: The project would not disrupt or alter the physical arrangement or existing character of the vicinity because it would involve construction within the existing hospital campus.

Population: The project would not induce substantial growth, displace employees or residents, or create a substantial demand for housing because it would displace no jobs or residences and would create about 80 new jobs.[1]

Noise: Building construction activities would temporarily increase noise levels. Potential noise impacts associated with traffic generated by the project will be discussed in the EIR. Otherwise, operation of the project would not

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[1] *Master Plan 1989-1999: Davies Medical Center, San Francisco, California.* 1989. Page 60.

increase noise levels in the project vicinity. Measures would be incorporated into the project to address potential noise impacts during construction.

Air Quality/Climate: Potential air quality impacts associated with traffic generated by the project will be discussed in the EIR. Otherwise, the project would not violate any ambient air quality standard, cause a change in climate or create objectionable odors. Measures would be incorporated into the project to address potential impacts during construction and operation. No shadows would be cast by the parking structure on any parks, playgrounds, or other publicly owned open space.

Utilities/Public Services: All utilities and public services could serve the project with existing capabilities.

Biology: The project site is already developed. The project would have no significant effect on plant or animal life on-site or in the surrounding area. Existing trees along the perimeter of the block and on the project site would be protected to the maximum extent possible. No endangered species are found on the site. Mitigation measures have been incorporated into the project to maximize the protection of trees.

Geology/Topography: The project would be constructed under the supervision of California licensed structural or geotechnical engineers and would comply with all applicable seismic and life safety standards. The project would not significantly alter the topography of the site. There are no known unique geologic or physical site features.

Water: The project sites are currently covered with impervious surfaces and contain no surface water bodies. The project would not degrade the quality of groundwater, or cause flooding, erosion or siltation.

Energy/Natural Resources: Energy needs for the proposed parking structure are expected to be low, because the building is generally not designed for human occupancy. The Annex would not have any major energy consumptive equipment and energy demand would be within the capacity of the present utility system. The project would not use large amounts of fuel, water or energy in a wasteful manner. The project would not affect the potential use, extraction, or depletion of natural resources.

Hazards: During construction, conflicts between emergency vehicle access and contractor vehicle access to and from the site would be reduced by requiring contractors to use a separate entrance to the site. The completed project would not interfere with emergency response and evacuation plans. The Annex would increase the amount of infectious and hazardous wastes generated by Davies Medical Center but would not change disposal patterns.

Cultural: No significant subsurface resources are expected to be encountered during construction. Mitigation measures would be incorporated into the project to protect any resources that may be present.

III. ENVIRONMENTAL EVALUATION CHECKLIST

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS	Not Applicable	Discussed
1. Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.	___	X
*2. Discuss any conflicts with any adopted environmental plans and goals of the City or Region, if applicable.	X	___

As required by Planning Code Section 304.5, the proposed project is presented in the 1989 Davies Institutional Master Plan.

The Medical Center is in an RH-3 District where principal permitted uses are

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* Derived from State EIR Guidelines, Appendix G, normally significant effect.

dwellings, small residential care facilities, children's day care facilities and public facilities. Planning Code Section 209.3 permits medical institutions (including medical offices, clinics and laboratories) as a Conditional Use in this district. The project would be reviewed by the Planning Commission under Planning Code Section 304 as a Planned Unit Development. A Planned Unit Development is a particular type of Conditional Use application for project sites which exceed one half acre. The project would also require Planning Commission approval under Planning Code Section 321, the Office Development Limitation Program, Reserve for Smaller Buildings, which applies to buildings with total new office space between 25,000 and 50,000 sq.ft.

Both the parking structure and the Annex would conform to existing height and bulk limitations. The parking structure would be 244 ft. long, 135 ft. wide and 28 ft. high. Bulk limitations would not apply to the proposed parking structure as the structure would be less than 40 ft. tall. The Annex would be 52 ft. high with a length of 110 ft. and a diagonal dimension of 137 ft. above 40 ft., meeting the district height and bulk limits of a maximum height of 65 ft. and a 110 ft. length and 140 ft. diagonal dimension above 40 ft.

The relationship of the project to policies of the City's Master Plan and provisions of the City Planning Code, as well as the approval process for the project, will be discussed in the EIR.

B. ENVIRONMENTAL EFFECTS - Could the project:	Yes	No	Discussed
1. Land Use			
*a. Disrupt or divide the physical arrangement of an established community?	___	X	___
*b. Have any substantial impact upon the existing character of the vicinity?	___	X	X

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* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The proposed structures would be built on the Davies Medical Center campus. The parking structure and the Annex would replace existing surface parking lots. The proposed project would not disrupt the physical arrangement nor change the character of the neighborhood. Land use in the vicinity of the Medical Center is a mixture of residential, institutional, small shops, public land and public facilities. These land uses would not be altered by the project. Land use impacts will not be discussed further in the EIR.

2. Visual Quality

	Yes	No	Discussed
*a. Have a substantial, demonstrable negative aesthetic effect?	X		X
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?	X		X
c. Generate obtrusive light or glare substantially impacting other properties?	X		X

Mirrored glass would not be used in either structure and the buildings would not cause glare on other properties. Design of the structures, visual compatibility with existing structures, screening of the structures, visual and view impacts of the structures and the impacts associated with light from the parking structure at night will be discussed in the EIR.

3. Population

	Yes	No	Discussed
*a. Induce substantial growth or concentration of population?		X	X
*b. Displace a large number of people (involving either housing or employment)?		X	X
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?		X	X

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The parking structure would not require the hiring of new permanent personnel. The Annex would create about 80 new jobs: 36 doctors, 13 nurses and 31 other personnel. The entire project would require about 84 person-years of construction labor.[2]

The project would not induce substantial growth, displace employees or residents, or create a substantial demand for housing. Population impacts will not be discussed further in the EIR.

4. Transportation/Circulation	Yes	No	Discussed
*a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	X		X
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	X		X
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	X		X
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	X		X

A transportation analysis for the project is being prepared by the City's environmental consultant and will be summarized in the EIR. That analysis will be available for review in the case file at the Department of City Planning at the time of publication of the Draft EIR. Area increases in parking demand, traffic and transit use as a result of project construction and completion will be discussed in the EIR. In addition, Davies Medical Center site circulation

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[2] Based on construction cost estimate of $10,028,000, 50% of construction costs to be salaries and fringe benefits, and average wages and fringe benefits of $60,000/worker. Estimate made by Bendix Environmental Research, Inc., based on telephone conversation with Stan Smith, San Francisco Building and Trades Council, February 6, 1988.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

patterns and use of site access driveways will be discussed in the EIR. The EIR will also discuss the Davies Transportation System Management Plan.

5. Noise	Yes	No	Discussed
*a. Increase substantially the ambient noise levels for adjoining areas?		X	X
b. Violate Title 25 Noise Insulation Standards, if applicable?		X	
c. Be substantially impacted by existing noise?		X	X

The noise environment of the site is dominated by vehicular traffic noise. The Environmental Protection Element of the San Francisco Master Plan, indicates a day-night average noise level (Ldn) of 75 dBA[3] on Castro Street, adjacent to the site, and a general area background noise level of 60 dBA in the vicinity.[4]

Construction noise: Demolition of the parking lot surfaces, excavation, and building construction would temporarily increase noise levels in the vicinity of Davies Medical Center. Pile driving would not be used. Both the Annex and the parking structure would have spread foundations (8 x 8 foot sections of poured concrete) with some drilled belled or straight caissons as necessary (approximately 3 ft. diameter holes drilled and filled with concrete, about 10 feet deep for belled caissons and about 40 feet deep for straight caissons for the Annex, and about 20 - 58 ft. deep for straight caissons for the parking

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[3] dBA is a measure of sound in units of decibels (dB). The "A" denotes the A weighted scale, which simulates the response of the human ear to various frequencies of sound. Ldn, the day-night average noise level, is a noise measurement based on human reaction to cumulative noise exposure over a 24 hour period, taking into account the greater annoyance of nighttime noises; noise between 10 p.m. and 7 a.m. is weighted 10 dBA higher than daytime noise.

[4] San Francisco Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

structure).[5] The drilling, done with a large auger, is quieter and causes less vibration than pile driving.

Table 2, p. 17, lists typical noise levels associated with various construction activities and provides general guidelines for the levels of noise to be expected at each phase of construction activity.

The impact of construction noise from ground level sources is not expected to extend beyond the immediate streets bounding the Medical Center, because the continuous line of closely spaced structures provides a noise barrier which shields the more distant structures.

The loudest construction noise, 90 dBA at fifty ft., would come from heavy duty trucks intermittently during the 30 month total construction period. A truck driving up 14th Street bordering the hospital would produce about 90 dBA in front of homes, 75 dBA inside homes with windows open, and 65 dBA inside homes with windows closed (for a total of a 25 dBA reduction inside a building with closed windows). These noise levels would interfere with conversation and would be annoying during the few minutes of each truck passage.

The maximum on-site construction noise level of 89 dBA during excavation and finishing would result in noise levels of up to 84 dBA in front of houses, 69 dBA inside homes with windows open, and 59 dBA inside homes with windows closed. These peak noise levels would occur only where there are no trees to absorb some of the noise. Much of the excavation noise for the parking structure would be absorbed by the rising ground between the excavation and Castro Street. Nevertheless, during the construction period, some indoor speech interference

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[5] Rudolf Fehr, Project Engineer, telephone conversation, September 19, 1989.

Table 2. Typical Noise Levels

Construction Activity[1]	dBA (Average, at 50 ft.)	Estimated Duration of Activity	
		Annex	Parking Structure
Ground Clearing	84	2 wks	2 wks
Excavation	89	3 wks	3 wks
Foundation	78	12 wks	9 wks
Erection	87	35 wks	30 wks
Finishing	89	12 wks	8 wks
Trucks, heavy duty semi	90[2]	18 mo	12 mo

For comparison's sake, other noise-generating activities are included[3]:

Pile Driver (at 50 ft.)	105
Muni Street car, 25 mph (at 25 ft.)	85
Passenger car on a city street (at 25 ft.)	70
Normal Speech (at 3 ft.)	60
Whisper (at 3 ft.)	35

[1] Source: Bolt, Beranek, and Newman, *Noise from Construction Equipment and Operations, Building Equipment, and Home Appliances*, U.S. Environmental Protection Agency, 1977, p. 20.

[2] Source: Hathway, P. Issue Paper II; Part III, Noise. 1976, p. 33.

[3] Source: Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

within the residences across the street from the site would occur.

Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the City Police Code). The ordinance requires that sound levels of construction equipment other than impact tools not exceed 80 dBA at a distance of 100 ft. from the source. Impact tools (e.g. jack hammers, impact wrenches) must have both intake and exhaust muffled. Construction is prohibited at night, from 8:00 p.m. to 7:00 a.m., if noise would exceed the ambient noise level by

5 dBA at the project property line, unless a special permit is authorized by the Director of Public Works.

The construction contract would require that the project contractor:

a. Muffle and shield intakes and exhaust;
b. Shroud or shield impact tools;
c. Use electric powered rather than diesel powered equipment, where possible;
d. Employ a barrier where feasible, as needed, to help reduce construction noise. (An eight foot high plywood fence could reduce ground level noise by as much as 10 to 15 dBA);
e. Equip portable air compressors with noise suppression devices.

With respect to construction noise, the contractor would be required to isolate excessive noise sources to the extent possible and arrange operation of equipment in intermittent work schedules to break up the effect of constant, annoying noise. When necessary, Davies staff would issue ear plugs to patients to reduce noise effects. If noise is determined by Davies' physicians to be excessive and detrimental to the patients' health, patients would be moved to another location within the Hospital.

Construction noise will not be discussed further in the EIR

Operational Noise - General: The Environmental Protection Element of the San Francisco Master Plan contains guidelines for determining the compatibility of various land uses with different noise environments. Duboce Avenue has a background noise level of 70 dBA.[6] For office uses, such as the proposed Annex, the Master Plan guidelines for this background noise level make either no recommendation for noise controls or recommend the inclusion of noise insulation features into the building design. The Project Sponsor has agreed to consult

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[6] San Francisco Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

an acoustical engineer, before final plans are approved, as to the need for inclusion of noise insulation features into the design.[7]

Neither structure would include housing, so Title 25 Noise Standards would not be applicable. Project operation would not result in perceptibly greater noise levels than those existing in the area.

The project would be required to comply with the San Francisco Noise Ordinance, San Francisco Police Code Section 2909, "Fixed Source Noise Levels," which regulates mechanical equipment noise. The project site and surrounding area are within an RH-3 district. In this district, the ordinance limits equipment noise levels at the property line to 60 dBA between 7 a.m. and 10 p.m. and 55 dBA between the hours of 10 p.m. and 7 a.m. While the mechanical equipment for the two structures has not been chosen yet, the Project Engineer and Architect would include design features in the building to limit mechanical equipment noise levels to 55 dBA. As equipment noise would be limited to 55 dBA to meet the nighttime limit, it would not be perceptible above the ambient noise levels in the project area.

Noise associated with the operation of the proposed structures will not be discussed further in the EIR.

Operational Noise - Traffic: The increase in noise as a result of an increase in automobiles entering the Davies Medical Center site and as a result of automobiles maneuvering on the open upper levels of the proposed parking structure will be discussed in the EIR.

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[7] Phone conversation with Project Sponsor, September 15, 1989.

6. Air Quality/Climate		Yes	No	Discussed
*a.	Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?	X		X
b.	Expose sensitive receptors to substantial pollutant concentrations?		X	X
c.	Permeate its vicinity with objectionable odors?		X	X
d.	Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?	X		X

Two types of air quality impacts could be expected from the proposed project: long-term impacts related to increased traffic in the area and short-term impacts from construction activity.

Construction Air Impacts:

Construction activities would temporarily affect local air quality. Trucks and equipment would release exhaust that could affect occupants of neighboring buildings and persons at the Medical Center during construction hours. Ambient concentrations of exhaust pollutants would be increased for the duration of the construction period, however no measurable increases are expected. Site preparation and construction activities would generate suspended particulates (e.g. dust). Increased particulates are not expected to violate the state 24-hour Total Suspended Particulate standard. Dust emission during excavation would increase particulate concentrations near the site. Dustfall can be expected at times on surfaces within 200 to 800 ft. Under winds exceeding 12 miles per hour, localized effects, including human discomfort, might occur downwind from blowing dust.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Construction dust is composed primarily of large particles that settle out of the atmosphere more rapidly with increasing distance from the source. More of a nuisance than a hazard for most people, this dust could affect persons with respiratory diseases, as well as sensitive electronics or communications equipment. Sensitive receptors, primarily Davies patients inside buildings, would be protected during the project construction phases, as they are currently, by the facility's filtered air conditioning system. The Project Sponsor would require the contractor to wet down the construction site twice a day during construction to reduce particulates by at least 50%.

Diesel-powered equipment would emit, in decreasing order by weight, nitrogen oxides, carbon monoxide, sulfur oxides, hydrocarbons, and particulates. This would increase local concentrations temporarily but would not be expected to increase the frequency of violations of air quality standards. The Project Sponsor would require the general contractor to maintain and operate construction equipment so as to minimize exhaust emissions by such means as a prohibition of idling motors when equipment is not in use or when trucks are waiting in queues and by implementation of specific maintenance programs (to reduce emissions) for equipment that would be in frequent use for much of the construction periods.

Construction air quality impacts will not be discussed further in the EIR.

Operational Air Impacts

The major air pollution impact resulting from operation of the project would be exhaust emissions from project-generated auto trips. Air impacts related to increases in vehicle emissions will be discussed in the EIR.

The project would not involve odor-generating activities and odors will not be discussed further in the EIR.

Since the parking structure project site is already surrounded by trees which are taller than the proposed garage, no new shadow or wind impacts would be generated by the parking structure and they will, therefore, not be addressed further in the EIR.

Potential shadowing impacts of the Annex will be discussed in the EIR. The analysis will include shadow diagrams.

The stepped articulation of the four-story Annex has been designed to both avoid casting new shadows on Duboce Park from one hour after sunrise to one hour before sunset (Planning Code Section 295) and to alleviate any potential wind impacts on Noe Street. Wind impacts will not be discussed further in the EIR.

7. Utilities/Public Services	Yes	No	Discussed
*a. Breach published national, state or local standards relating to solid waste or litter control?		X	
b. Extend a sewer trunk line with capacity to serve new development?		X	
c. Substantially increase demand for schools, recreation or other public facilities?		X	X
d. Require major expansion of power, water, or communications facilities?		X	X

The proposed project would increase the demand for energy. This increase would not exceed amounts expected and provided for in the project area. No energy intensive equipment such as magnetic resonance imagers (MRI) would be used in the Annex. Providers of water, telephone, gas and electric service have been

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* Derived from State EIR Guidelines, Appendix G, normally significant effect.

contacted and have indicated that existing capacities are adequate to serve the site. Letters and memorandums from these service providers are available for public review at the Office of Environmental Review, 450 McAllister Street. The project would not substantially increase demand for schools, recreation or other public facilities. These issues will not be addressed further in the EIR.

8. Biology	Yes	No	Discussed
*a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	___	X	X
*b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?	___	X	___
c. Require removal of substantial numbers of mature, scenic trees?	___	X	X

Both project sites are primarily covered with asphalt and surrounded by landscaped areas. There are no rare or endangered species of plants or animals on the sites.

The Parking Structure Area: The construction of the parking structure may involve the removal of 29 of the 90 established[8] trees on or near the footprint of the structure, as listed below (see Figure 5, p. 24, for location and types of trees):

Twenty-four young but established New Zealand Christmas Trees and three Myoporums in the landscaped area within the existing surface parking lot may be removed (trunk diameters of 4 to 8 inches (measured at chest height) and 15-20 ft. tall). The removal of these trees would not significantly affect

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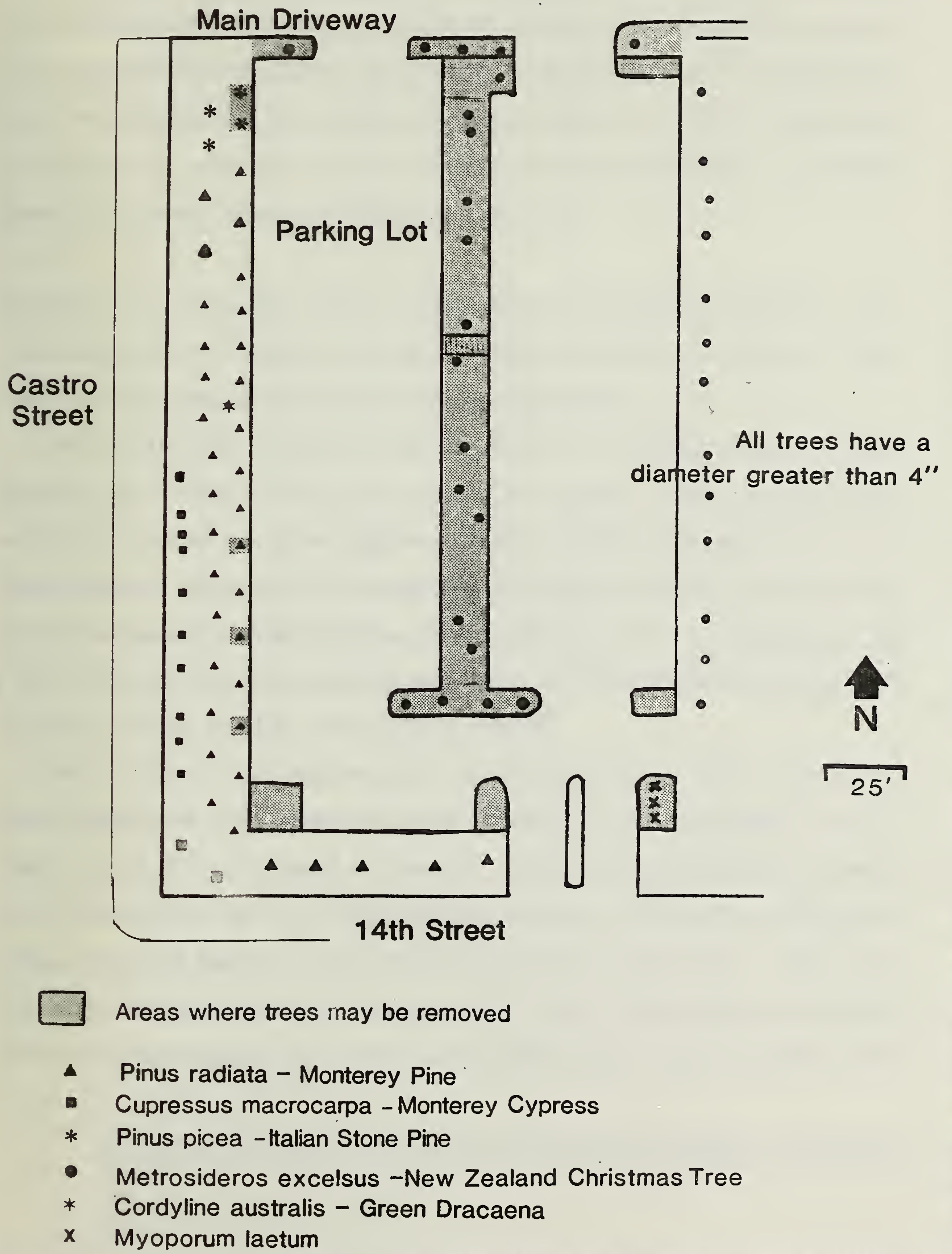
[8] An established tree is one that has survived two to three years without being irrigated or propped up, but the tree is not yet mature. Ted Kipping, certified arborist, personal communication of August 29, 1989.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Figure 5. Existing Landscaping at Parking Structure Site


Main Driveway
Parking Lot
Castro Street
All trees have a diameter greater than 4"
N
25'
14th Street
▨ Areas where trees may be removed
▲ Pinus radiata – Monterey Pine
■ Cupressus macrocarpa – Monterey Cypress
* Pinus picea – Italian Stone Pine
● Metrosideros excelsus – New Zealand Christmas Tree
* Cordyline australis – Green Dracaena
x Myoporum laetum

SOURCE: Ted Kipping, Tree Shaper & Bendix Environmental Research, Inc.

the surrounding neighborhood as they are primarily visible from within the Medical Center. A certified arborist has suggested that those trees located in what would become the space between the two sections of the parking structure could be preserved with pruning and training to encourage a taller growth habit. Those which would have to be removed, because they could not be incorporated in the parking structure design, could survive transplantation to another location on campus because of their size and age.[9]

The mature trees growing along the perimeter of the parking structure site, along Castro and 14th Streets, provide a foliage screen for the campus. These trees would be retained with the following exceptions:

Two of the four Italian Stone pines near the Castro Street driveway entrance (12" trunks, 25 ft. tall) would be removed. The four pines were originally planted too close together and are crowding each other now.[10] The two easternmost trees would be removed because the trees would not survive the pruning necessary to accommodate the parking structure. The remaining two Stone pines, with their naturally broad growth habit, would have the room to grow into the space left by the two that would be removed.

Two or three of the Monterey pines lining the interior edge of the Castro Street landscaped area, adjacent to the western edge of the parking lot (14" trunks, 50-70 ft. tall) would be removed. These pines are presently leaning in the direction of the lot, being generally pushed to the east by the Monterey cypress and other Monterey pines growing west of this row of pines. These pines have suffered damage from girdling by support cables that had been tied around their trunks at a young age and are structurally weaker than the other trees.

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[9] Ted Kipping, personal communication of June 28, 1989. A copy of the consultant's field notes is available for public review in the case file at the Department of City Planning, 450 McAllister Street.

[10] *Ibid.*

The pruning of the eastern sides of these three pines necessary to accommodate the parking structure would remove enough growth to cause the trees to become top heavy and, therefore, unstable in the wind.[11]

The sides of the remaining Monterey pines facing the parking lot would require pruning to provide enough space for construction activities and to accommodate the envelope of the parking structure itself (i.e. to allow for a structure that rises 28 feet above the footprint of the existing lot). Periodic maintenance pruning would be necessary to protect both the trees and the building. Because the trees in this area are densely arranged and there has been little light reaching the western side of the easternmost row of Monterey pines, the majority of the growth is on the eastern side of the tree. Pruning this side would remove enough of the existing foliage to cause a thinning of the foliage screen the trees have provided along Castro Street. The thinning would be temporary, as the type of pruning that is intended would encourage the trees to start new growth along the trunk of the tree, on both sides (although limited light would now be available to both sides up to 28 feet) and higher up on the trees.[12]

The Annex Area: Construction of the Annex would require removal of some of the existing on-site landscaping, including the removal of 6 established trees (see Figure 6, p. 27, for location of trees). Two Live Oak trees, two cedar trees and one olive tree would be removed from the interior landscaping around the perimeter of the existing parking lot. The two cedar trees could survive transplantation to another location on campus because of their size and age.[13] One Monterey Cypress would be removed from the frontage along Noe Street to

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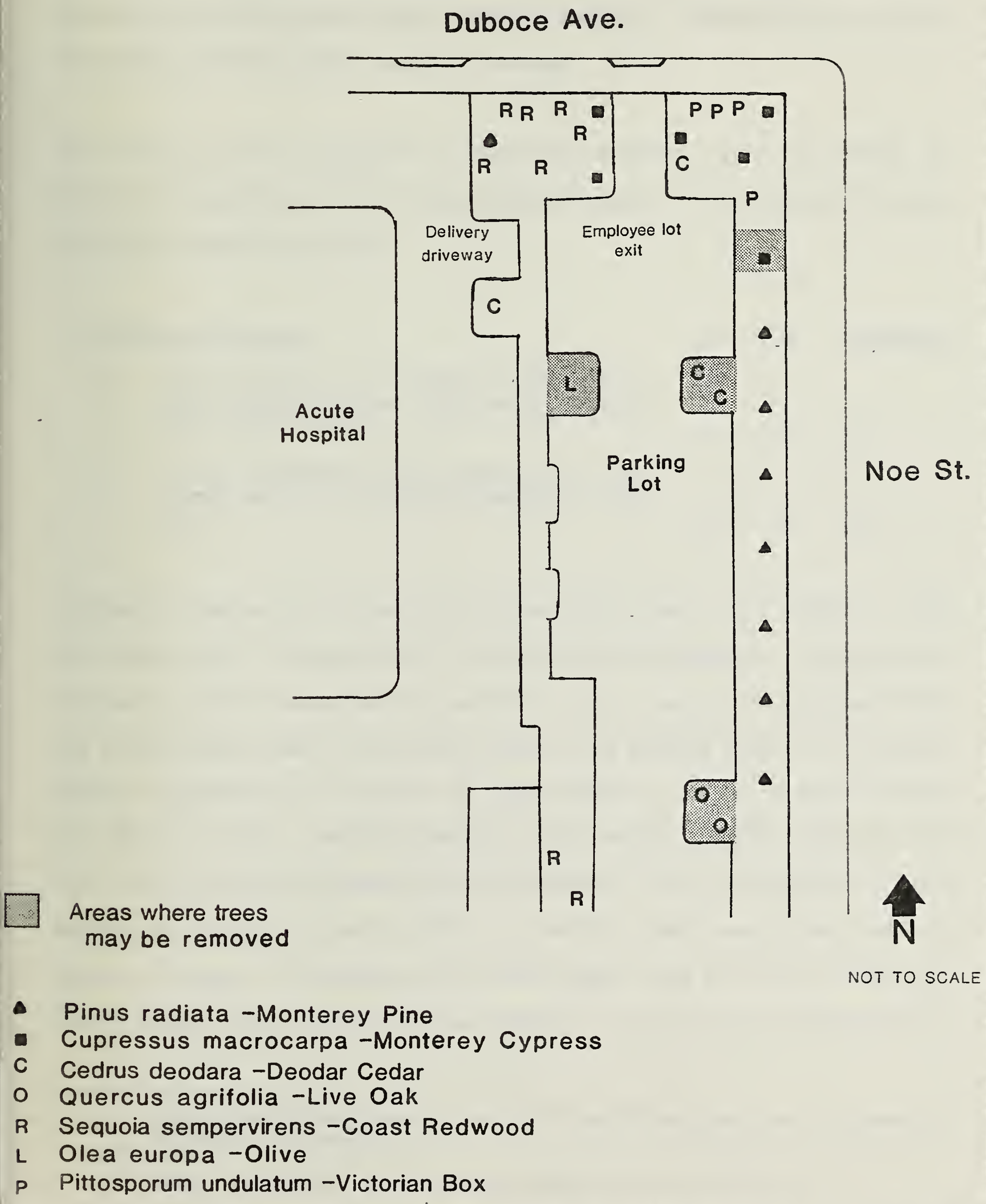
[11] *Ibid.*

[12] *Ibid.*

[13] Ted Kipping, personal communication, August 29, 1989.

Figure 6. Existing Landscaping at Annex Site


Duboce Ave.
R R R R R R R
P P P P
C
Delivery driveway
Employee lot exit
C
L
C C
Acute Hospital
Parking Lot
Noe St.
O O
R R
N
NOT TO SCALE
▨ Areas where trees may be removed
▲ Pinus radiata –Monterey Pine
■ Cupressus macrocarpa –Monterey Cypress
C Cedrus deodara –Deodar Cedar
O Quercus agrifolia –Live Oak
R Sequoia sempervirens –Coast Redwood
L Olea europa –Olive
P Pittosporum undulatum –Victorian Box

SOURCE: Ted Kipping, Tree Shaper & Bendix Environmental Research, Inc.

allow for a passenger drop-off zone. Trees along the northern edge of the site would require pruning to accommodate the envelope of the Annex. None of the Monterey pines along Noe Street would be removed. Planting bays would be included in the Noe Street sidewalk treatment.

The Project Sponsor has agreed to Mitigation Measures 1a-1f, pp. 39-40, to ensure the protection of the trees discussed above. This issue will not be discussed further in the EIR.

9. Geology/Topography	Yes	No	Discussed
*a. Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?	___	X	X
b. Change substantially the topography of any unique geologic of physical features of the site?	___	X	X

The Medical Center lies at the foot of Buena Vista Peak, a 400 to 500 ft. high hill whose crest is about 2000 ft. to the west of the Center. Elevations at the Medical Center range from 148 to 227 ft., San Francisco City Datum,[14] with the block sloping down to the east at about a 14 percent grade. The Medical Center is underlain by 1 to 16 ft. of rocky sand fill, 16 ft. of dune sand and 5 to 45 ft. of clay. Depth to bedrock varies across the site from 22 to 77 ft.[15] The site for the proposed parking structure is an existing nearly level parking lot at about elevation 220 ft. (the lot slopes down to the south at about a 7% grade). The parking lot surface ranges from 6 to 14 ft. below the Castro Street level, with the street gradually sloping down to the north at

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[14] San Francisco City Datum establishes the City's "0" point for surveying purposes at approximately 8.6 feet above mean sea level.

[15] Ralph K. Davies Medical Center Development Plan FEIR, EE75.423, January 1978, p. 71.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

about a 3% grade. Excavation of no more than one foot would be required to remove the existing surface parking lot. The existing slope of the lot would not be changed for the ground floor of the parking structure. The floors above the ground floor would be level.

The site for the proposed Annex building is an existing, nearly level parking lot at about elevation 160 ft., with a gradual slope down to the south along Noe Street. There would be no basement in the building. The Annex would require excavation of up to 5 ft. below the surface of the existing lot for leveling.

Pile driving would not be used. Both the Annex and the parking structure would have spread foundations (8 x 8 foot sections of poured concrete) with some drilled belled or straight caissons as necessary (approximately 3 ft. diameter holes drilled and filled with concrete, about 10 feet deep for belled caissons and about 40 feet deep for straight caissons for the Annex, and about 20 - 58 feet deep for straight caissons for the parking structure).[16]

Dewatering is not expected to be necessary during the excavation needed for both sites.[17] Test borings performed in 1964, in preparation for excavation for the Acute Hospital, encountered free groundwater at a few test sites, about 75 feet beneath the parking structure site and about 15 feet beneath the Annex site.[18]

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[16] Rudolf Fehr, Project Engineer, telephone conversation, September 19, 1989.

[17] Rudolf Fehr, Project Engineer, telephone conversation, July 3, 1989.

[18] Woodward-Clyde-Sherard and Associates, Soil Investigation for the Proposed Franklin Hospital, 1964.

The closest active faults to San Francisco are the San Andreas Fault, about 9 miles southwest of Downtown, and the Hayward and Calaveras Faults, about 15 and 30 miles east of Downtown, respectively. The project area would experience strong (Intensity Level D, general but not universal fall of brick chimneys; cracks in masonry and brick work) groundshaking during a major earthquake.[19] The building would be required to meet current seismic engineering standards of the San Francisco Building Code. (See Mitigation Measure 3, p. 40, for the project's emergency response plan.)

The Medical Center site is not within an area of liquefaction or subsidence. It is not within an area of potential tsunami or seiche flooding.[20]

Davies Medical Center is not within a Special Geologic Study Area as indicated in the Community Safety Element of the City's Master Plan.[21] The final building plans would be reviewed by the Bureau of Building Inspection (BBI). Geology will not be discussed further in the EIR.

10. Water		Yes	No	Discussed
*a.	Substantially degrade water quality, or contaminate a public water supply?		X	X
*b.	Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?		X	X
*c.	Cause substantial flooding, erosion or siltation?		X	

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[19] URS/John Blume and Associates, *San Francisco Seismic Safety Investigation*, 1974. Groundshaking intensities that would result from a major earthquake were projected and classified on a five-point scale ranging from E (weak) through A (very violent).

[20] *Ibid.*

[21] Master Plan of the City and County of San Francisco, 1988, p. I.8.12.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The two structures would not affect drainage patterns or water quality because the sites are now entirely covered with impermeable surfaces. Runoff would continue to drain into the City's combined storm/sewer system. This issue will not be addressed in the EIR.

11. Energy/Natural Resources	Yes	No	Discussed
*a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use of these in a wasteful manner?	___	X	X
b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?	___	X	___

The proposed parking structure would be open to the air and would be neither heated nor cooled. The only energy expenditures would be due to lighting of the parking garage at night.

The Annex would use either natural gas or diesel fuel for heating, consuming about 1.4 million Btu[22]/hour.[23] The Annex would have its own emergency power supply, a diesel-fired boiler. Diesel fuel would be stored in an existing underground tank in the vicinity of the Annex.[24]

Neither structure would use large amounts of fuel, water, or energy or would have any effect on the potential use, extraction or depletion of a natural resource. There would be an estimated 13% increase in energy consumption at

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[22] Btu (British thermal unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1 degree Fahrenheit (251.97 calories) at sea level.

[23] Jim Tustin, Project Architect, telephone conversation, June 16, 1989.

[24] John Bensi, Chief Engineer Davies Medical Center, telephone conversation, August 10, 1989.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

the Medical Center as a whole.[25] This issue will not be discussed further in the EIR.

There are no existing uses, other than parking, on the two sites. Removal of the existing parking lot surfaces would require an unknown amount of energy. Fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 150 billion Btu of gasoline, diesel fuel, natural gas, and electricity.[26] Distributed over the estimated 50-year life of the project, this would be about 2.9 billion Btu per year, or about 13% of annual building energy requirements.

New buildings in San Francisco are required to conform to energy conservation standards specified by Title 24 of the California Administrative Code. Hospitals are exempt because of their around-the-clock operation, stringent space conditioning (heating, cooling and ventilation) requirements, special equipment and safety requirements. The proposed project would be designed to meet or exceed all Title 24 requirements where these requirements do not conflict with hospital health and safety codes.

Table 3, p. 33, shows the estimated project operational energy consumption. Project demand for electricity during PG&E's peak electrical load periods, July and August afternoons, would be about 500 kW, an estimated 0.003% of PG&E's peak load of 16,000 MW. Project demand for natural gas during PG&E's peak natural gas load periods, January mornings, would be about 6.2 million Btu per

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[25] Estimate based on increase in square footage of 13% and similar uses of energy as existing Medical Center buildings.

[26] Derived from Hannon, B., *et al.*, 1978, "Energy and Labor in the Construction Sector," Science 202: 837-847.

Table 3. ESTIMATED PROJECT ENERGY USE[a]

Daily Natural Gas Consumption[b]	
Estimated average daily natural gas consumption per sq.ft.	500 Btu[c]
Estimated peak daily natural gas consumption	260 Therms
Monthly Electric Consumption[b]	
Estimated electrical consumption per sq.ft.	2.5 kWh (25,000 Btu)[d]
Estimated total electrical consumption	103,000 kWh (1 billion Btu)
Annual Consumption	
Estimated total annual natural gas consumption	74,000 Therms (13 billion Btu)
Estimated total annual electrical consumption	1.4 million kWh (14 billion Btu)
Connected kilowatt load	780 Kilowatts
Estimated total annual energy consumption	22 billion Btu (3,900 barrels of oil)

a. Energy use includes space conditioning, service water heating and lighting in accordance with allowable limits under Title 24. Estimated electricity includes an additional 4 kWh/sq.ft./yr. consumed by appliances such as typewriters, computers, coffeemakers, etc., beyond that assumed by Title 24 estimates.

b. These calculations are available for review at the Office of Environmental Review, 450 McAllister Street, San Francisco, California.

c. Btu (British thermal unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1 degree Fahrenheit (251.97 calories) at sea level.

d. Energy Conversion Factors:

one gallon gasoline	=	140,000 Btu
one kilowatt (Kw)	=	10,000 Btu
one therm	=	100,000 Btu
one barrel oil	=	5,600,000 Btu

Source: Bendix Environmental Research, Inc. and Davies Medical Center.

day, or about 0.00002% of PG&E's peak load of about 4 trillion Btu per day.[27] Annual and peak daily electricity and natural gas consumption are shown in Figures 7 and 8, pp. 35 and 36.

Increased San Francisco energy demands to the year 2000 would be met by PG&E from a mixture of nuclear sources, oil and gas facilities, hydroelectric and geothermal facilities, and other sources such as cogeneration, wind and imports. PG&E plans to continue receiving most of its natural gas from Canada and Texas under long-term contracts.[28] This subject does not require further analysis and will not be discussed in the EIR.

To aid in the conservation of energy, the design of the plumbing system in the Annex would incorporate flow restrictors which would reduce water heating energy consumption by 50%. Additionally, the space cooling system would use natural ventilation through operable windows, except when the outside temperature exceeds 55°F. Solar heat gains would be reduced by structurally shaded windows on the south side of the building.

12. Hazards		Yes	No	Discussed
*a.	Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	___	X	X
*b.	Interfere with emergency response plans or emergency evacuation plans?	___	X	X
c.	Create a potentially substantial fire hazard?	___	X	X

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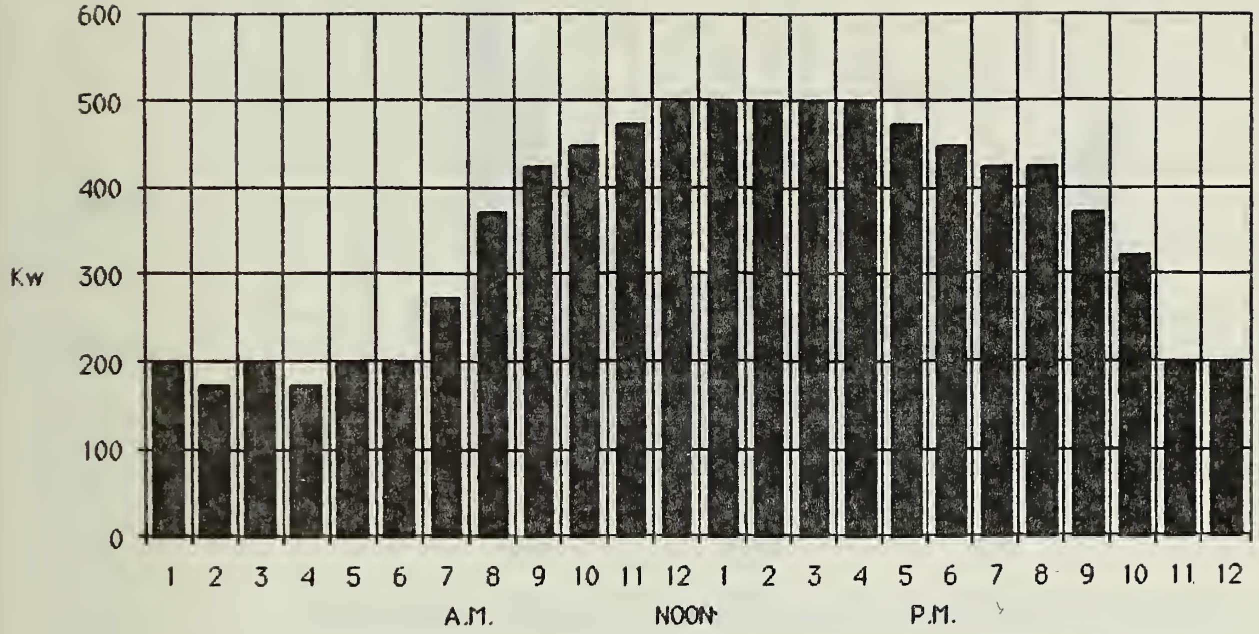
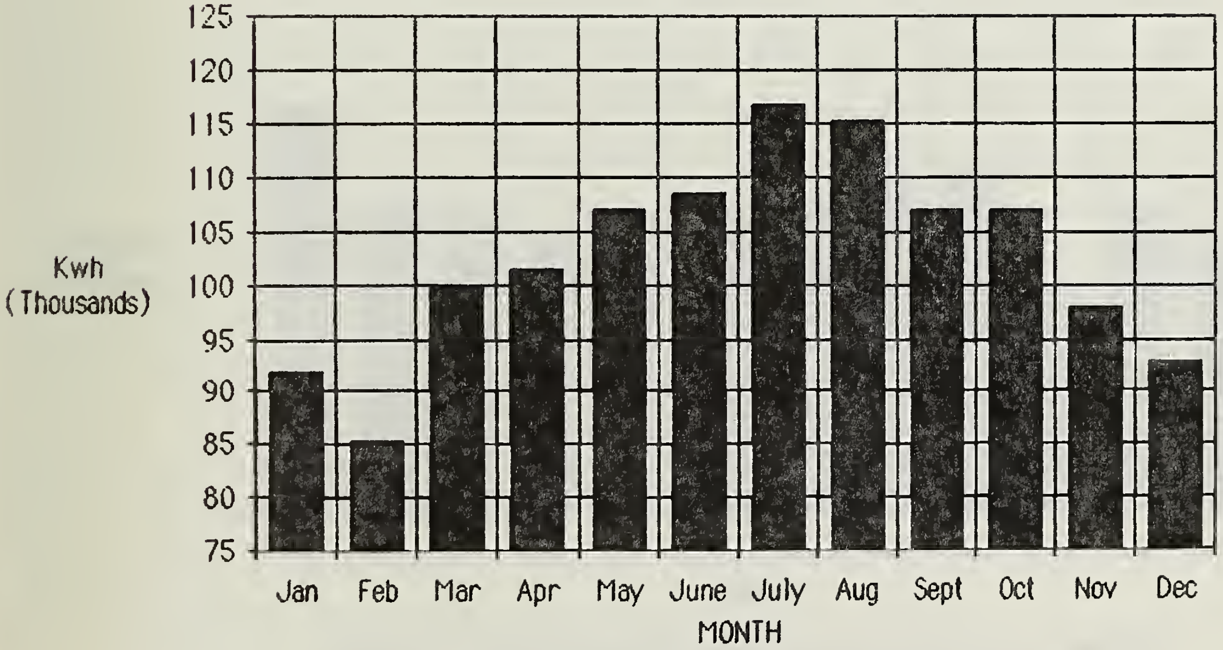
[27] San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, SCH # 84032003, October 13, 1984, Vol.1, pp. IV.G.3-4.

[28] San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, SCH # 84032003, October 13, 1984. Vol.1, pp. IV.G.13-14.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

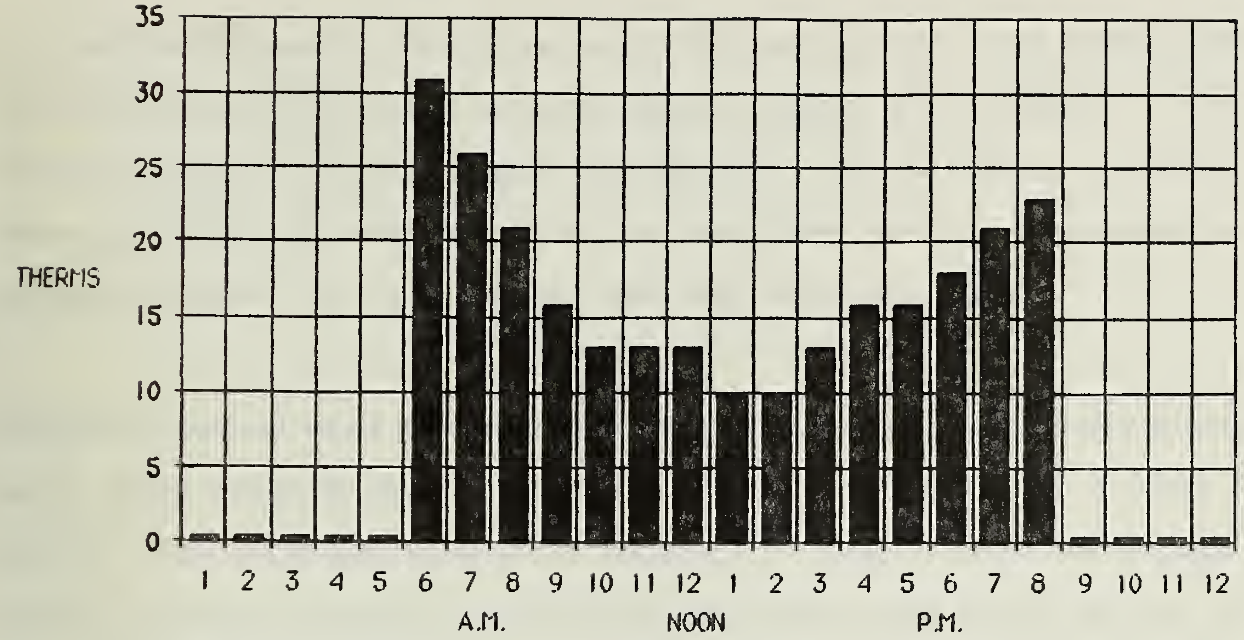


Peak Day Electrical Demand by Hour (July)

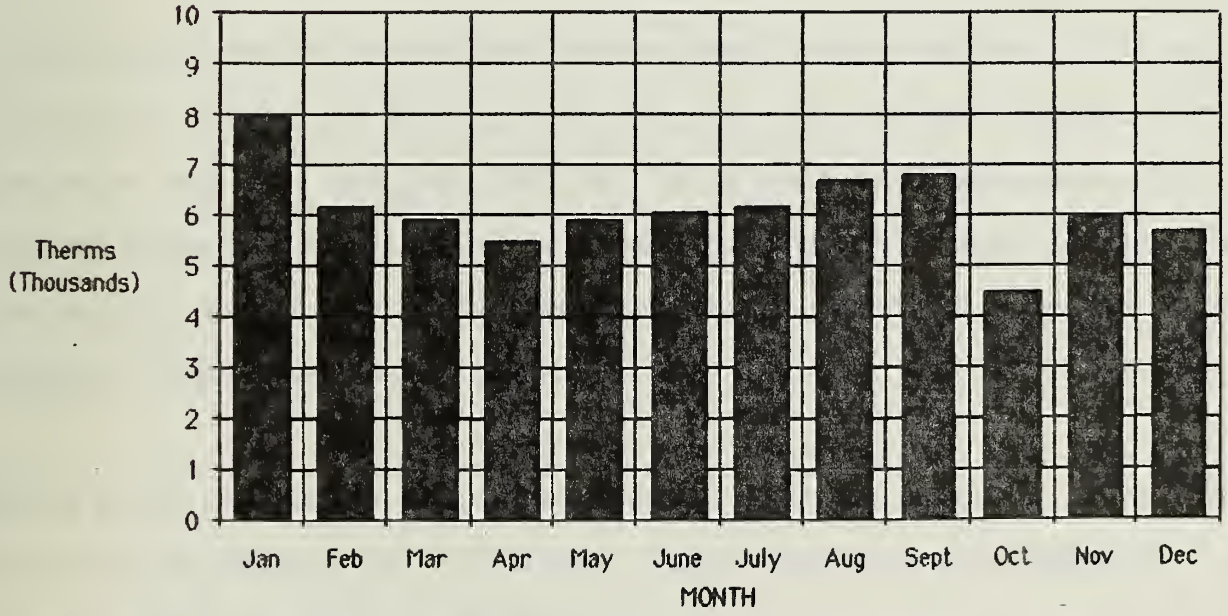


Annual Consumption of Electricity by Month

FIGURE 7. Estimated Project Electricity Use



Peak Day Natural Gas Demand by Hour (January)



Annual Consumption of Natural Gas by Month

FIGURE 8. Estimated Project Natural Gas Use

[illegible]

[illegible]

[illegible]

The Annex would generate infectious waste from patient care. This waste would be transferred to the Acute Hospital where it would be incinerated in the existing hospital infectious waste incinerator. The incinerator currently destroys 22 tons of infectious waste per year. The Annex would generate an estimated one-half ton of additional infectious waste per year.

Hazardous chemical waste generated by Davies Medical Center is routinely picked up at least every 90 days by a licensed hauler for disposal at a Class I landfill site. Routine pickup would continue after completion of the project. Davies currently generates about 2 tons of chemical waste and 150 lb. of radioactive waste per year. The Annex would add an estimated 250 lb. per year of chemical waste and no additional radioactive waste. The project would not involve substantial amounts of flammable materials. It would not create a substantial fire hazard. These issues will not be addressed further in the EIR.

Since construction of the parking structure would involve the use of the main entrances on Castro and Duboce, which also serve as the main entrances for ambulances and other emergency vehicles, the project would incorporate Mitigation Measure 2 to ensure the clear passage of emergency vehicles to and from the hospital (see p. 40). The completed project would not interfere with emergency response or evacuation plans.

Davies would prominently post information for building occupants concerning what to do in the event of a disaster. (See Mitigation Measure Number 3, p. 40, regarding emergency response plan.)

13. Cultural		Yes	No	Discussed
*a.	Disrupt or adversely affect a prehistoric or historic archeological site or property of historic or cultural significance to a community or ethnic group; or a paleontological site except as a part of a scientific study?		X	X
*b.	Conflict with established recreational, educational, religious or scientific uses of the area?		X	
c.	Conflict with the preservation of buildings subject to the provisions of Article 10 or Article 11 of the City Planning Code?		X	

Any excavation required for the foundations for either structure would occur in already disturbed soils, so there would be limited potential for encountering cultural resources during construction. The present site has been used for 110 years for health care purposes. Construction of existing buildings was begun in 1965 and resulted in topographic changes on the site and the razing of all buildings, fences and roadways associated with the earlier facilities. Consequently, there is nothing remaining on or near the surface of the site of historical significance except decorative lighting standards in the entrance driveway. The site is in an area of "no known potential for archeological finds,".[29] No known archeological resources exist on or near the site. The Project Sponsor has agreed to Mitigation Measure 4, p. 40, should evidence of cultural or historical artifacts of significance be found during construction. This issue will not be discussed further in the EIR.

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[29] James Heid, San Francisco Archeological Sensitivity Map, San Francisco Department of City Planning, 1975.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

C. OTHER	Yes	No	Discussed
Require approval of permits from City Departments other than Department of City Planning or Bureau of Building Inspection, or from Regional, State or Federal Agencies?	X		X

The project would require a building permit from the Office of Statewide Health Planning and Development (OSHPD).

D. MITIGATION MEASURES	Yes	No	N/A	Discussed
1. If any significant effects have been identified, are there ways to mitigate them?	X			X
2. Are all mitigation measures identified above included in the project?	X			X

MITIGATION MEASURES TO BE INCLUDED AS PART OF THE PROJECT:

BIOLOGY:

1. To protect the mature Monterey cypress and the Monterey pines along the perimeter of the Medical Center during and after construction, the Project Sponsor has consulted a certified arborist about the potential for harm to these trees and determined measures that would be taken to protect the trees:

a. Where possible and appropriate on the basis of the health of the trees, trees to be removed for construction would be preserved and transplanted elsewhere on the Davies site. Such trees would be moved with a root ball of a size adequate to minimize transplantation shock as advised by a tree expert.
b. A fence would be constructed to protect the trees along the perimeter of the Annex and Parking Structure from damage to their trunks during construction activities.
c. Trees that are designated to be retained which are accidentally killed during construction would be replaced by Davies.
d. A mechanism would be established in the construction contract to encourage construction workers to exercise caution when working near the trees (such as a $50 fine for damage to a tree's bark or fines subtracted from a bonus to be split among all construction workers).
e. The Monterey pines on the Davies campus are all infested by beetles.[30] The presence of the insect is stressing the trees and would complicate

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[30] Ted Kipping, certified arborist. A copy of the consultant's field notes is available for public review in the case file at the Department of City Planning, 450 McAllister Street, S.F.

the recovery phase after project related pruning. A certified arborist would be retained by Davies to treat the trees.

f. Construction contracts would prohibit storage, pouring or use of solvents, paints or other toxic materials within landscaped areas in order to protect the plants from chemical damage.

Quarterly reports on implementation of tree sparing mitigation measures would be submitted to the Department of City Planning by Davies from the start of site preparation activities to the completion of construction.

HAZARDS:

2. The Project Sponsor would require contractors to use the 14th Street access point to the parking structure construction site and not the main driveway on Castro Street. This would reduce traffic on the main driveway to the Emergency Room and the Hospital and reduce the risk of a conflict between emergency vehicles and construction trucks. Davies would transmit a copy of written instructions to contractors to the Department of City Planning within 30 days of issuance.

3. An evacuation and emergency response plan would be developed by the Project Sponsor, in consultation with the Mayor's Office of Emergency Services, to insure coordination between the City's emergency planning activities and the project's plan and to provide for building occupants in the event of an emergency. The project plan would be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance by the Department of Public Works of final occupancy permits. A copy of the final plan would be transmitted to the Department of City Planning within 30 days of completion.

CULTURAL:

4. Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately, and any excavation which would damage such artifacts would be halted. The Project Sponsor would select an archaeologist or other expert acceptable to the ERO to help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve, or recover such artifacts. The ERO would then recommend specific mitigation measures if necessary.

Copies of reports prepared according to this mitigation measure would be sent to the Department of City Planning and to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

E. MANDATORY FINDINGS OF SIGNIFICANCE	Yes	No	Discussed
*1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?		X	
*2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?		X	
*3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current problems, and probable future projects.)		X	
*4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?		X	

Project related traffic and parking impacts together with existing traffic and parking conditions may have a significant impact on the residential neighborhood around the hospital. These impacts will be evaluated in the EIR.

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* Derived from State EIR Guidelines, Appendix G, normally significant effect.

F. ON THE BASIS OF THIS INITIAL STUDY

___ I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.

___ I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers 1 through 4, in the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.

_X_ I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

Paul S. Deutsch /for

BARBARA W. SAHM
Environmental Review Officer

for

DEAN L. MACRIS
Director of Planning

Date: 11/13/89

DISTRIBUTION LIST

FEDERAL AND STATE AGENCIES

Northwest Information Center, California Archaeological Inventory

California Department of Transportation

State Office of Intergovernmental Management (10), State Clearinghouse

Office of Statewide Health Planning and Development

REGIONAL AGENCIES

Association of Bay Area Governments

CITY AND COUNTY OF SAN FRANCISCO

Bureau of Building Inspection

Landmarks Preservation Advisory Board

Mayor's Office of Community Development

Mayor's Office of Housing

Mayor's Office of Business & Economic Development

Public Utilities Commission, Bureau of Energy Conservation

Recreation and Park Department

Police Department, Planning Division

San Francisco City Planning Commission

San Francisco Department of Public Works, Division of Streets and Mapping

San Francisco Department of Public Works, Division of General Engineering

San Francisco Department of Public Works, Traffic Engineering Division

San Francisco Fire Department, Division of Planning & Research

San Francisco Municipal Railway, MUNI Planning Division

San Francisco Public Utilities Commission

San Francisco Real Estate Department

Water Department, Distribution Division

MEDIA

Associated Press

San Francisco Bay Guardian

San Francisco Business Times

San Francisco Chronicle

San Francisco Examiner

San Francisco Progress

The Sun Reporter

Tenderloin Times

LIBRARIES

Document Library, City Library - Civic Center

Environmental Protection Agency Library

Stanford University Libraries

Government Publications Department

Hastings College of the Law - Library

Institute of Government Studies

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